

Body piercing

Henry Ferguson

Body piercing has been practised in almost every society as far back as it is possible to trace, but it has usually been confined to the ears, mouth, and nose. Notable exceptions are the practice of piercing the glans penis with a bone by a few tribes in Borneo, and the mention of penis jewellery in the Karma Sutra (probably through the foreskin). Discussion of female nipple jewellery in Victorian journals implies that this is not a completely modern idea, but most of the stories about the origins of piercings, such as the idea that Prince Albert wore a penis ring to tie his member down and prevent an offensive bulge in the breeches, are modern myths.

In fact, most of the names given to piercings are made up. This was revealed in an interview with Jim Ward,¹ a piercer who in the late 1970s started *Piercing Fans International Quarterly* and making Gauntlet body piercing jewellery, all of which was financed by his friend Doug Molloy. It seems that Molloy felt that piercing needed a bit more romance surrounding it. He invented a wide selection of names and histories to make it more interesting, and now that they have appeared in print the names have become accepted as fact. Ward continued: "since his death I have tried to do some research [but] the only two piercings with any verifiable history are the ampallang and the apadravya. He even made up a history of some of the piercings. For example, based on a piece of sculpture he had seen at Versailles, he claimed that Roman centurions wore their short capes attached to nipple rings, [whereas] in all likelihood, the rings were in the breast plate, not the men. [His comment was that] it didn't matter since it made a good story anyway."

Medical prejudice

An observer of today's fashion for facial piercings might think that only the young and extrovert or those interested in extreme sexual behaviour get pierced. I found myself confronting these assumptions after a motor cycle accident in 1985. I was taken to hospital with cracked ribs and vertebrae, a ruptured spleen, a torn gastric artery, and damage to both kidneys. I remember being astonished that the accident and emergency staff seemed less interested in saving my life



Piercing a male nipple will often cause it to increase in size, allowing further piercings to be made behind the original one

Summary points

Facial piercing has been practised in most societies throughout history, but piercing nipples and genitals is largely a modern Western phenomenon

There is a widely held misconception that most people get pierced for self harm or because of sexual deviance, or both

Proper placement and appropriate jewellery are vital for healthy piercing

than in getting me to remove my body jewellery during my short bouts of consciousness. The surgeon later explained that I had been given 20 units of blood during my six hour operation, and several times they had thought that I would die.

At a party several years later, a nurse who had been told I was editor of *Body Art* magazine described an incident when he had been working in accident and emergency. Several of the staff had wanted to leave a badly injured patient to die on a trolley in the corridor because they were sure that as he was pierced and a motor cyclist he must be a gay sadomasochist and therefore likely to have AIDS. It was only the intervention of the surgeon that saved the patient's life. It was mine.

I hope that attitudes have changed. In fact, most body piercing is hidden beneath the clothing of ordinary, middle aged people. A survey of 134 pierced readers of *Body Art* magazine²⁻³ revealed that 79% were aged 29 or over and 58% were married or in a long term relationship. Less than 20% saw themselves as masochistic, sadistic, fetishist, exhibitionists, or narcissistic, and little more than half thought themselves adventurous. The usual assumption is that being pierced must hurt and therefore that pierced people must be either masochists or "hard." However, most people opt for some form of local anaesthesia and experience little discomfort except for tenderness or itching during healing. They are pierced because they like the way it looks and feels and because the piercings (nipples and genitals in particular) usually provide exciting new sensations. For example, some many women in the survey reported their first orgasm during vaginal intercourse after getting clitoris or clitoral hood piercings.

Effects of piercings

One or more milk ducts may be damaged when piercing a woman's nipple, and depending on the size and orientation of the cutting edge of the needle used, some ducts may be severed. However, I have not yet heard of any woman with pierced nipples experiencing problems with breast feeding. Most women remove their nipple jewellery for the months of lactation. Milk

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The 1.6 mm ball closure ring with 6 mm ball in this horizontal clitoris piercing has been adapted to fit more easily under a tight clitoral hood

sometimes issues from the holes of the piercing as well as the tip; the holes usually shrink and close after a few weeks, although a few women can reinsert their jewellery once the baby has been weaned.

It is common for people to worry that genital piercings, especially of the clitoris or glans penis, may damage the nerves locally and reduce erotic sensitivity. Despite the fact that many people have these piercings (myself included), we have never heard of this happening. However, men pierced through the urethra (particularly with the Prince Albert) should be made aware that the presence of jewellery can affect the flow of urine and make it difficult to aim. The easiest solution is to sit down to urinate.

Healing

Nipple and Prince Albert piercings are some of the most popular and are usually problem free, but a piercing which works for one person will not necessarily work for everyone, and a substantial proportion of piercings are abandoned because of problems with healing. For a piercing to become established, the body's tendency to reject foreign objects must be overcome. It helps if the piercing is short, the jewellery is shaped to fit, and the body part doesn't change shape too dramatically. This explains why ear lobes heal relatively easily and navel piercings are prone to failure. It is possible to keep a navel (strictly speaking, a peri-umbilical skin) piercing long term, but the skin bends and stretches as a person moves. This, if aggravated by rubbing from the waistband, for example, can cause the jewellery to migrate towards the surface. It therefore usually takes a well defined web

of skin to pierce; accurate installation of well designed, good quality jewellery; avoidance of waist constricting clothing; and determination to succeed. Having an erection shortly after the penis is pierced can trigger bleeding. Sexual activity should therefore be avoided for at least a week after a penis piercing, and it is advisable to wear a dressing or to wrap the penis in tissues held in place by underpants before going to sleep.

Whatever the piercing, jewellery which is badly positioned, the wrong shape, or made of too thin a gauge metal will act like a cheese wire, gradually cutting through the tissues and resulting in migration with soreness and inflammation. Cleaning with an antiseptic solution such as chlorhexidine gluconate 4% or applying antiseptic cream and changing to better jewellery should produce rapid improvement. If the jewellery is satisfactory but the piercing has somehow become infected, it is generally better to treat the infection with an antibiotic and leave the jewellery in place to help the wound to drain and heal. As the infection is most likely to be *Staphylococcus aureus*, a five day course of flucloxacillin should be prescribed plus regular cleaning with chlorhexidine solution. If a systemic antibiotic does not clear the infection, serious consideration should then be given to removing the jewellery. Jewellery bought from professional piercers or specialist body jewellery companies will usually be of good quality, but the fashion for piercing has increased the variety of jewellery, some of which can cause trouble if it is made from a material to which the skin is allergic or which is able to harbour bacteria.



Nipple, navel, pubic, Prince Albert, and 2 scrotal piercings. Each nipple has 2 horizontal and 1 vertical piercing

A few people develop nickel allergies, which rule out the use of most grades of stainless steel (alloys which contain nickel and other metals), and body jewellery makers have accordingly moved towards niobium and titanium as favoured materials. Pure gold is inert, but as most pieces of body jewellery need to be hard enough to retain a screw thread or be springy enough to stay closed, this rules out the softer, purer grades. Piercings which cause problems should be shown to the piercer so that he or she can learn from this feedback and offer more suitable jewellery where necessary.

Piercings can occasionally become sore, even when well established, if a person becomes ill or run down—for example, with the 'flu—but the most common cause of problems is the removal of jewellery. Unless the piercing is very well established, the track of the scar tissue closes and it can be difficult or impossible to reinsert the jewellery without breaking down the tissue. Obviously, the sooner it is reinserted the better, but if it must be changed the new jewellery can be used to push the old piece out, maintaining continuous contact. Jewellery is most often removed to avoid embarrassment or because a nurse or doctor in hospital has requested it. If hospital staff are not happy simply to cover the jewellery with insulating tape, and insist on all metal being removed, plastic jewellery or polytetrafluoroethylene (PTFE) tubing of appropriate gauge should maintain the piercing without problems.

Some of us will always be drawn towards experiencing new sensations through piercing or similar body alterations, but recent media attention means



Nipple pierced with horizontal 1.6 mm gauge smooth ring and vertical 1.6 mm gauge barbell

that it doesn't feel a fraction as kinky as it did when I was a teenager and wanted to pierce my nipple. Even its most enthusiastic devotees find piercing's appeal difficult to explain, but that's just as true of pot holing, golf, crosswords, and train spotting.

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1 Ferguson H, Jim Ward and Gauntlet. *Body Art* 1994;20:24-6.

2 Reader survey. *Body Art* 1994;19:34-6.

3 Reader survey. *Body Art* 1994;20:39-40.

Alternative (complementary) medicine: a cuckoo in the nest of empiricist reed warblers

Leonard Leibovici

Proponents of alternative medicine can be compared to cuckoo chicks in that they are using false signals to gain nourishment from a legitimate scientific and medical frame. Rather like the reed warbler parent,¹ the guardians of this frame are not equipped to recognise loud signals as false.

Warbler chicks increase both their gapes and calling rates as they grow hungry. When the parent is a reed warbler and the nestling is a cuckoo chick, the cuckoo produces a loud begging signal. The sound not only matches the total calling rate of four warbler nestlings but rises so fast as the cuckoo grows that it soon sounds like eight little warblers. This signal fits overwhelmingly with what the warblers want to hear, if only imperfectly with what they expect to see. Still, it is so clamorous that the warbler parents ignore the missing visual cues and feed the cuckoo chick—to the detriment (and ultimately death) of their own offspring.^{1 2}

Two conceptual frames are relevant to the present discussion. One (the empirical-social construct) is ill equipped to deal with the clamour of alternative medicine. Like the warbler, it ignores the absence of vital cues because of the loud signal. The other frame (the "deep model" empirical one) has deficiencies but is

Summary points

Empiricists are not equipped to recognise the loud signals of alternative medicine as false

A deep model of the physical world is essential for choosing hypotheses to be tested and for learning from failures

Practices of alternative medicine that do not fit even at the far fringes of the model should not be tested in humans

Our decisions on which practices to test and which to adopt should be based on three things: empirical evidence; our deep model of physical world; and our commitment to the wellbeing of our patients

better protected against a loud false signal. Even firm empiricists, should use some of the protective mechanisms offered by the second frame. Both frames are defined by several assumptions.

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